



New South Wales
Level 1, Quad 3
102 Bennelong Parkway
HOMEBUSH BAY NSW 2127

P O Box 125
LIDCOMBE NSW 1825
Ph: 02 9735 9000 Fax: 02 9735 9001
e-mail: training@nsw.scouts.com.au

FORM L5 (01/16)

APPLICATION FOR ADULT TRAINING APPOINTMENT

POSITION APPLYING FOR

- Personal Leader Adviser
 Approved Venturer Scout Trainer
 National Assessor
 Assistant Leader Trainer
 Leader Trainer

APPLICANT'S DETAILS

BLOCK LETTERS PLEASE

MEMBERSHIP NO:

FAMILY NAME _____ GIVEN NAMES _____ PREFERRED NAME _____
 ADDRESS _____ TOWN/SUBURB _____ STATE _____ POST/ CODE _____
 PHONE Home () _____ Business () _____ Fax () _____
 Mobile () _____ E-mail _____
 CURRENT APPOINTMENT _____ FORMATION _____
 REGION _____

APPOINTMENT REQUIREMENTS

Training Requirement	Personal Leader Adviser	Approved Venturer Scout Trainer	National Assessor	Assistant Leader Trainer	Leader Trainer
Wood Badge: Date and Section					
Years of Service					
PLA Course (TAE DEL 404A)					
TAESS00007 (Enterprise Trainer Presenting Skills Set) (TAE DEL 301A) (BSB CMM 401A)	Not Required		Desirable		
TAESS00001 (Assessor Skills Set) (TAEASS401B) (TAEASS402B) (TAEASS403B)	Not Required				
Cert IV TAE40110	Not Required	Not Required	Not Required	Not Required	
Mutual Agreement Attached	Not Required	Not Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Profile Attached (if not supplied previously)	Not Required	Not Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Assessment Attached	Not Required	Not Required	Not Required	<input type="checkbox"/>	<input type="checkbox"/>
Training of Trainers Level 2 (CLT Melbourne Course)	Not Required	Not Required	Not Required	Not Required	

PLEASE COMPLETE BOTH SIDES OF FORM

SECTIONS IN WHICH YOU WANT TO TRAIN				
<input type="checkbox"/> Joey Scout	<input type="checkbox"/> Cub Scout	<input type="checkbox"/> Scout	<input type="checkbox"/> Venturer Scout	<input type="checkbox"/> Rover
<input type="checkbox"/> Group Leader	<input type="checkbox"/> Leader of Adults	<input type="checkbox"/> Training of Trainers	<input type="checkbox"/> Youth (Venturer Scout)	
<input type="checkbox"/> Adventurous Activity Area – (Area _____)				

CERTIFICATE IV ASSESSOR & WORKPLACE TRAINER	
Does the applicant hold a Certificate IV Training and Assessment (TAE40110)? If yes, please attach a certified copy .	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION BY APPLICANT
In applying for the above position, I hereby affirm that I have read and signed the Function Statement and Mutual Agreement for the above position (attached) and understand that I will lead competency based training and that in signing any training records, unless otherwise stated, am confirming that the Trainee is competent in that particular part of training.
Signature of Applicant _____ Date _____

APPROVAL required for Venturer Scout Trainer appointment	
Signature of Regional Commissioner Venturer Scouts	Date
Signature of State Commissioner Venturer Scouts	Date

APPROVAL required for PLA, National Assessor, ALT & LT appointment	
Signature of Regional Commissioner (Adult Training & Development)	Date
Signature of Regional Commissioner	Date
State Commissioner (Adult Training & Development)	Date